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## BIB DATA SHEET

CONFIRMATION NO. 6075

<b>SERIAL NUMBER</b> 09/890,088	<b>FILING or 371(c) DATE</b> 07/26/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 026073.00020	
<b>APPLICANTS</b> Alessandro Lambiase, Roma, ITALY; /CMW/ 04/23/2009 <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IT00/00016 01/21/2000 /CMW/ 04/23/2009 <b>** FOREIGN APPLICATIONS *****</b> ITALY RM99A00069 01/29/1999 No translation provided per 35 USC 119(b)(3). /CMW/ 04/23/2009 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHERIE M WOODWARD/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ARENT FOX LLP 1050 CONNECTICUT AVENUE, N.W. SUITE 400 WASHINGTON, DC 20036 UNITED STATES					
<b>TITLE</b> Objected to. /CMW/ 04/23/2009 Use of nerve growth factor for therapy of intraocular tissue pathologies					
<b>FILING FEE RECEIVED</b> 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		